

[illegible]

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

STARTING FOR <u>8-1-01</u>		THROUGH <u>8-31-01</u>	
Physician	<u>Mines</u>	Telephone Number	Inmate No.
Physician		Alt. Telephone	
Prisons	<u>N/K/A</u>	Rehabilitative Potential	

icaid Number	Medicare Number	Complete Entries Checked	Title:		Date:
ENT	2000000000	By:	PATIENT CODE 705541	ROOM NO.	BED
					FACILITY CODE SCA

[illegible]

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE	
STARTING FOR 7-1-61	THROUGH 7-30-61
Physician Miller	Telephone Number
Physician Miller	Alt. Telephone
Surgeon W. L. A.	Rehabilitative Potential
Inmate No. 208521	

icaid Number	Medicare Number	Complete Entries Checked				
PATIENT	By: <i>K. Meranda</i>	Title: <i>CC</i>	Date: <i>7/25/01</i>			
<i>Broad. Counties</i>	PATIENT CODE	ROOM NO.	BED	FACILITY CODE		
				<i>CC</i>		

MEDICATION ADMINISTRATION RECORD



MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Hydrocodone/PTD 2 tabs x 10d 6/24/01 - 6/4/01	6A																															
	12N																															
	6P																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

ARTING FOR	6/1/01	THROUGH	6/30/01
Physician	Taylor	Telephone No.	Inmate No.
Physician		Alt. Telephone	208921-51
Physician		Rehabilitative Potential	
Physician	NKA		

icaid Number	Medicare Number	Complete Entries Checked	Title:	Room No.	Date:
		By: Bucklan			5/27/01
PATIENT CODE	ROOM NO.	BED	FACILITY CODE		

MEDICATION ADMINISTRATION RECORD

[illegible]

ARTING FOR

ysician

Physician

ergies

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

THROUGH 5/31/01

Telephone No.

Inmate No.:	
-------------	--

Alt. Telephone

Rehabilitative Potential

ficaid Number

Medicare Number

Complete Entries Checked

By:

Title:

Date: 5/1/2018

PATIENT CODE

ROOM NO.	
----------	--

BED	FACILITY (
-----	------------

IENT

20921

1. *Staphylococcus aureus* (10⁶ CFU/ml)

50

MEDICATION

ADMINISTRATION RECORD

[illegible]

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

STARTING FOR 5/26/01

THROUGH 5/31/01

Physician TAYLOR

Physician

ergies

Telephone No. _____

Inmate No.	
------------	--

Alt. Telephone

208921-51

Rehabilitative Potential

Analysis

dicaid Number

Medicare Number

Complete Entries Checked

By:

Title:

Date: _____

TIENT 10 Country

PATIENT CODE

ROOM NO.

BED	FACILITY OFF
-----	--------------

Facility: 2 0430-B DRAFTER HEALTH CARE UNIT

MONTH 02/01/2001

ALLERGIES:	DOB/INMATE #:	LOCATION:	NAME:
NO KNOWN ALLERGIES	208921	0430--B MAIN	BOYD, COURTNEY

CMS # 3150 REV 8/98

~~Dr. C. D. D.~~

MONTH

Jan. 01

[illegible]

NAME:

208921

Boyd, Courtney
CORRECTIONAL MEDIC

MONTH Dec

CORRECTIONAL MEDICAL SERVICE

Draper

CC#

MONTH

100

[illegible]

10/14/17

DOB/INMATE #:

18.11.91

LOCATION:

208921

NAME: _____

Bob Conaway

MONTH

lost / 2000

[illegible]

NAME: _____

NAME: Sally D. Patterson

INTERDISCIPLINARY PROGRESS NOTES

[illegible]

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Boyd, Courtney	208 921	20 19	B/M	Bibb Station

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
5/13/01		S "Doing ok"	
		O MGED. Immature style w/ bright affect. No Thought disorders. Health has improved.	
		A MH Code NME	
		P RTC jun. Reminded how to access MH services.	
			Amultham

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Boyd, Courtney	208921	21 19	3/M	Bibb Station

~~Naphcare~~

Release of Information Authorization

Boyd, Courtney

Name of Inmate

#208921

Inmate ID Number/Date of Birth

Dr. Ogumbi / Davis

Facility Releasing Information

Montgomery, Alabama

23 April 2002
Date

Fax: 269777

I hereby give my consent to NAPHCARE, INC. and the above named facility to release the following information from my medical record to the facility/provider listed below:

☒ Records related to treatment of pertaining to heart problems
from 1980s to present.

☒ Physician/Provider's summary of my diagnosis, medications, treatments, prognosis and recent care.

☒ Admission Reports

☒ Discharge Reports

☒ Operative Summary Reports

☒ X-Ray Reports

☒ Special Studies Reports

☒ Laboratory Reports

☐ Immunization History

☒ Mental Health Reports

☐ Psychiatric Summary Report

☐ Drug Treatment History and Counseling

☒ Other Records IF "NO RECORDS FOUND" PLEASE FAX.

THANK-YOU.

STATON HEALTH CARE UNIT

P.O. BOX 56

Medical Records (334) 567-1521

Facility Releasing Information

Elmore, AL 36025

Fax # (334) 567-1538

This information has been disclosed to you from records whose confidentiality is protected by State law. State regulations prohibit you from making any further disclosure of this information without the prior written consent of the person to whom it pertains.

I understand this authorization shall remain in full force and effect for the period of 90 DAYS from today's date unless withdrawn in writing by me.

I sign this willingly, and I release NAPHCARE, INC. and the facility from any liability which may result from such release of information.

Courtney Boyd 208921
Inmate Signature

Date

SS#

Shirley Hare
Witness

STATON HEALTH CARE UNIT
P. O. BOX 56
ELMORE, AL 36025

FAXED
4/24/02



EXTENDED ARM PHYSICIANS, INC.

1725 W. Fourth Street, Montgomery, AL 36106

(334) 262-2071

DOCTORS OF INTERNAL MEDICINE - BOARD CERTIFIED

LEON N. DAVIS, M.D.

ADEDOTEN DUSUNMU-OGUNBI, M.D.

OLIVIO L. BEAUCHAMP, M.D.

RECORD OF INFORMATION RELEASED

Patient Record Released

COURTNEY BOYD 12/11/81

Record Released To:

STATION HEALTH CARE UNIT

P O BOX 56

ELMORE AL 36025

Date Released:

04/30/02

Record Released By:

DARRELL SUMMERLIN

The enclosed documents are the property of Extended Arm Physicians, Inc. and are confidential and legally privileged. They may contain medical information protected by Federal and Alabama Law. They are for your agency's use only and may not be redisclosed to any other party without the expressed written consent of the patient.

☐

Consultation Notes:

☐

Medical Bills

☐

Lab

☐

Treatment

☐

X - Ray Reports:

☒

Other


EKG

Photocopy/Abstract/Record Search FEE: \$

NO CHARGE

~~Naphcare~~

Release of Information Authorization

Name of Inmate Boyd, Courtney # 208921 / 
Inmate ID Number/Date of Birth
Facility Releasing Information Dr. Ogumbi / Davis
Montgomery, Alabama Date 23 April 2007
Fax: 2699777

I hereby give my consent to NAPHCARE, INC. and the above named facility to release the following information from my medical record to the facility/provider listed below:

☒ Records related to treatment of Pertaining to heart problems
from 1980 to present

☒ Physician/Provider's summary of my diagnosis, medications, treatments, prognosis and recent care.

☒ Admission Reports

☒ Discharge Reports

☒ Operative Summary Reports

☒ X-Ray Reports

☒ Special Studies Reports

☒ Laboratory Reports

☐ Immunization History

☒ Mental Health Reports

☐ Psychiatric Summary Report

☐ Drug Treatment History and Counseling

☒ Other Records IF "NO RECORDS FOUND" PLEASE FAX.

THANK YOU.

STATON HEALTH CARE UNIT
P.O. BOX 56

Medical Records (334) 567-1521

Facility Releasing Information

Elmore, AL 36025

Fax # (334) 567-1538

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I understand this authorization shall remain in full force and effect for the period of 90 DAYS from today's date unless withdrawn in writing by me.

I sign this willingly, and I release NAPHCARE, INC. and the facility from any liability which may result from such release of information.

Courtney Boyd 208921
Inmate Signature

4-23-07
Date

SS#   

Corey Sheila Hale
Witness

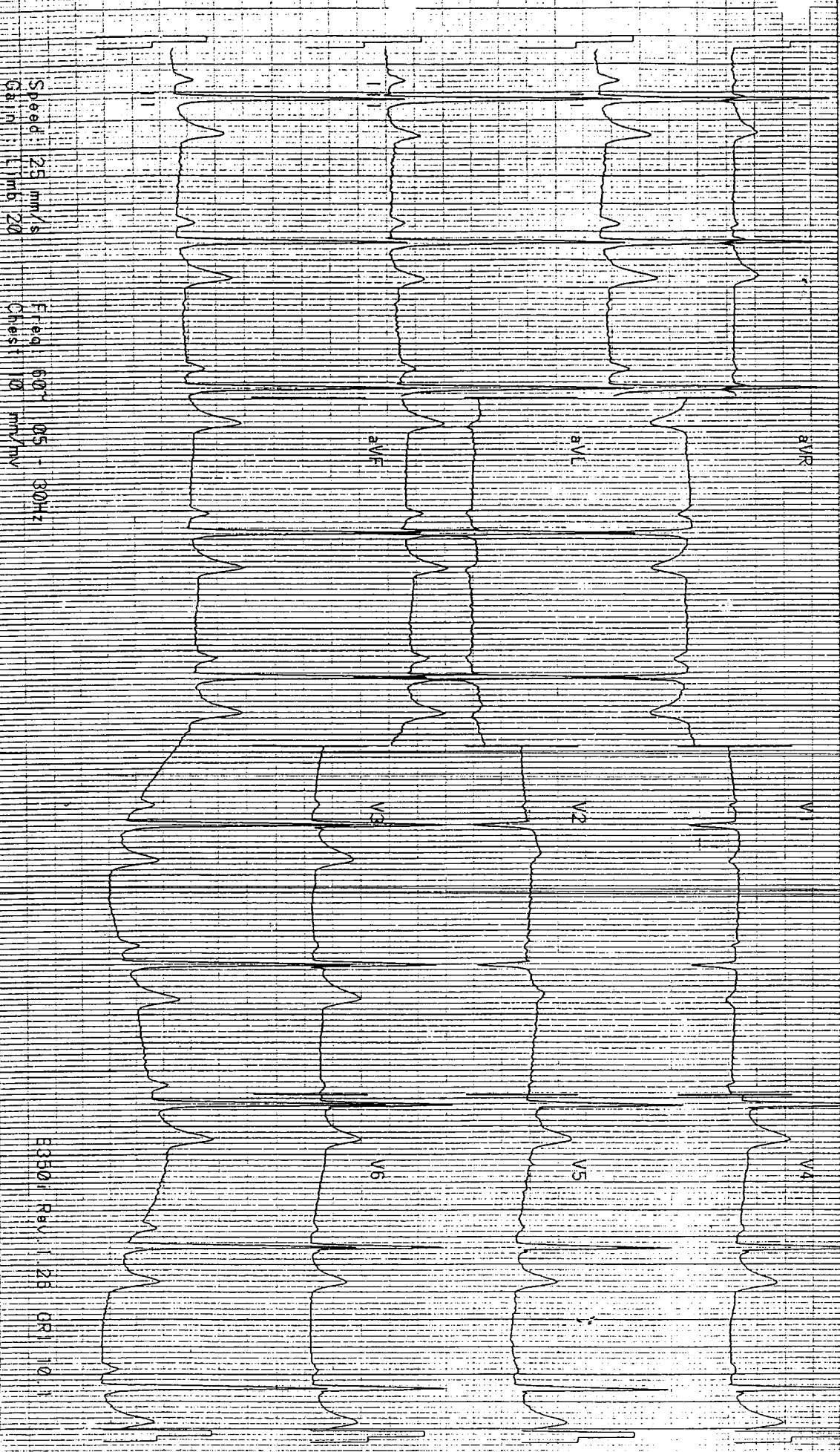
STATON HEALTH CARE UNIT
P. O. BOX 56
ELMORE, AL 36025

Name: BOYD COURTNEY
 ID :
 Date: 09/03/98 Time: 12:07
 Age : 16 Sex : MALE
 Hgt : 66 IN Wgt : 152 LBS
 Med1:
 Med2:
 Cc11:
 Cc12:
 Cmt:

Vent rate: 58
 -- Durations --
 P : 98
 QRS : 84
 -- Intervals --
 PR : 152
 QT : 374
 QTc : 371
 -- Axes --
 P : 76
 QRS : 88
 T : 60

SINUS BRADYCARDIA
 THIS REPORT ACKNOWLEDGES PATIENT'S AGE BUT CAREFUL REVIEW
 IS ADVISED
 EARLY REPOLARIZATION
 SUMMARY: BORDERLINE NORMAL
 ** UNCONFIRMED ANALYSIS **

Handwritten signature
 9/4/98

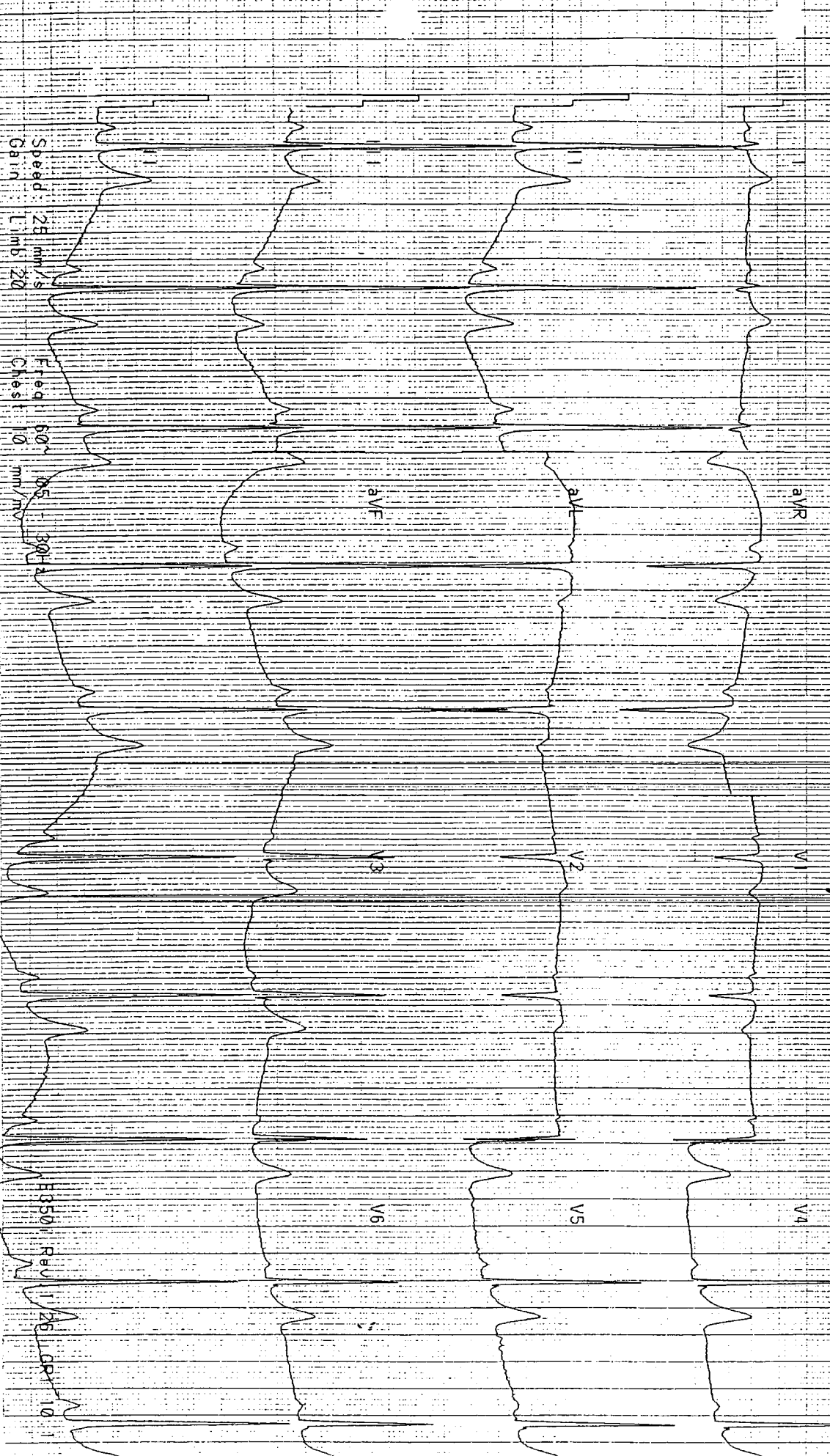


Name: BOYD COURTNEY
 ID :
 Date: 09/03/98 Time: 12:04
 Age : 16 Sex : MALE
 Hgt : 66 IN Wgt : 152 LBS
 Med1:
 Med2:
 Cc11:
 Cc12:
 Cmnt:

Vent rate: 58
 -- Durations --
 P : 98
 QRS : 84
 -- Intervals --
 PR : 152
 QT : 370
 QTc : 367
 -- Axes --
 P : 76
 QRS : 90
 T : 65

SINUS BRADYCARDIA
 THIS REPORT ACKNOWLEDGES PATIENT'S AGE BUT CAREFUL REVIEW
 IS ADVISED
 POSSIBLY EARLY REPOLARIZATION
 SUMMARY: BORDERLINE NORMAL
 ** UNCONFIRMED ANALYSIS **

[Handwritten signature]



Speed: 25 mm/s
 Gain: 10 mm/mV
 Filter: 60 Hz
 Chest: 10 mm/mV
 H350 Rev 11/25 QRS 10.1



Release of Information Authorization

Boyd Courtney *SCC*
 Name of Inmate

208921
 Inmate ID Number/Date of Birth

State Youth Facility
 Facility Releasing Information

8/29/01
 Date

I hereby give my consent to NAPHCARE, INC. and the above named facility to release the following information from my medical record to the facility/provider listed below:

- ☐ Records related to treatment of _____
 from _____ to _____.
- ☐ Physician/Provider's summary of my diagnosis, medications, treatments, prognosis and recent care.
- ☐ Admission Reports ☐ Discharge Reports ☐ Operative Summary Reports
- ☐ X-Ray Reports ☐ Special Studies Reports ☐ Laboratory Reports
- ☐ Immunization History ☐ Mental Health Reports ☐ Psychiatric Summary Report
- ☐ Drug Treatment History and Counseling
- ☐ Other Records _____

Facility Releasing Information

This information has been disclosed to you from records whose confidentiality is protected by State law. State regulations prohibit you from making any further disclosure of this information without the prior written consent of the person to whom it pertains.

I understand this authorization shall remain in full force and effect for the period of _____ from today's date unless withdrawn in writing by me.

I sign this willingly, and I release NAPHCARE, INC. and the facility from any liability which may result from such release of information.

Courtney Boyd
 Inmate Signature

8/29/01
 Date

Al Smith Jr
 Witness

Witness



Department of Corrections

Emergency/_____ Treatment Record

(Other)

Date <u>4-12-01</u> Time <u>8:00</u> ^{PM}		Facility <u>SEC</u>		<input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Other	
Allergies <u>NKA</u>		Condition on Admission <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Shock <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Coma			
Vital Signs:		Temp <u>98.2</u> ^{Oral}		Resp. <u>20</u>	
		Pulse <u>78</u>		B/P <u>98 / 78</u>	
				Recheck if Systolic < 100 > 50	
Nature of Injury or Illness		Abrasions <u>///</u> Contusion # <u> </u> Burn <u>X</u> Fracture <u>Z</u> Laceration/ <u> </u> Sutures <u> </u>			
<u>I - My heart is hurting!!</u> <u>I go through this all the time!! - States he has a heart condition!!</u>					
Physical Examination					
<u>I - Ambulating in HCU</u> <u>C/o Heart hurting heart sounds RR wnl & SOB & diaphoresis noted & H/A</u>					
<u>A - Alteration in comfort</u>					
Orders, Medication, etc.					
<u>P - Motrin OTC being as needed</u> <u>2 PTC if problem persists</u>					
Diagnosis					
Instructions to Patient					
<u>Motrin OTC</u>					
Release/Transfer Date		Time		Release/Transfer Date	
<u>4/12/01</u>		<u>8:05</u> ^{AM}		<u>4/13/01</u>	
Nurse's Signature		Date		Physician's Signature	
<u>[Signature]</u>		<u>4/12/01</u>		<u>[Signature]</u>	
Patient's Name (Last, First, Middle)		Age		Date of Birth	
<u>Boyd Courtney</u>		<u> </u>		<u> </u>	
R/S		AIS #			
<u> </u>		<u>208921</u>			

Original - Medical Record Yellow - Transfer Agent

Dept. of Corrections - Emergency/Other Treatment Record

CORRECTIONAL MEDICAL SERVICES
RELEASE OF RESPONSIBILITYBoyd, Courtney
Name of Inmate2/14/01
Date208921

Inmate ID Number / Date of Birth

I hereby refuse to accept the following treatment/recommendations:

Inmate refused to have CBC & DF done as ordered
per MD.

I acknowledge that I have been fully informed of and understand the above treatments or recommendations and the risk(s) involved in refusing. I hereby release and agree to hold harmless CORRECTIONAL MEDICAL SERVICES, its employees and agents from all responsibility and ill effect which may result from this action.

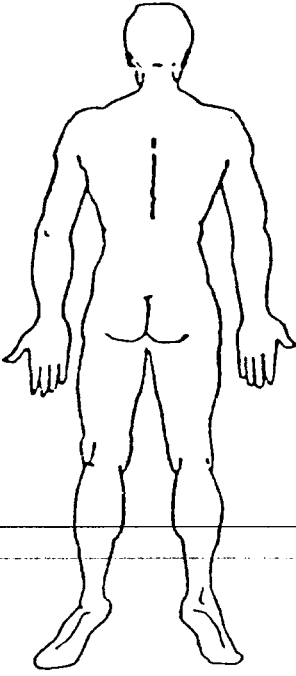
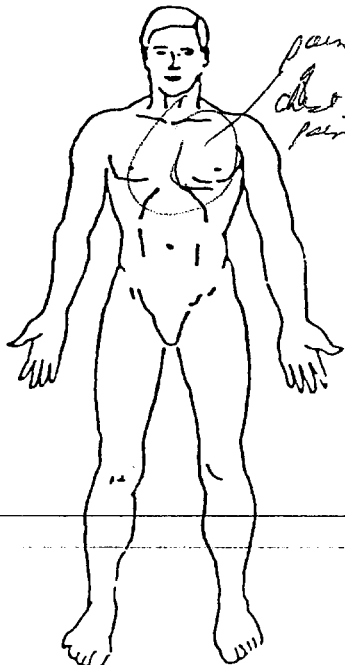
Courtney Boyd
Inmate Signature2/14/01 840/A
Date/TimeDavid Lpn
Witness

The aforementioned inmate has refused the listed medical treatment/recommendations and has refused to sign this form.

Witness_____
Witness_____
Date/Time

DEPARTMENT OF CORRECT. JS

EMERGENCY/ (OTHER) TREATMENT RECORD

DATE <u>7/9/01</u>		TIME <u>10³⁰</u> <u>AM</u> <u>PM</u>	FACILITY <u>DCC</u>		<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER	
ALLERGIES <u>NKDA</u>			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP <u>100.5</u> <u>ORAL</u> <u>RECTAL</u> <u>axial</u>		RESP. <u>20</u>	PULSE <u>92</u>	B/P <u>128</u> <u>112</u>	RECHECK IF SYSTOLIC <u> </u> <100 > 50	
NATURE OF INJURY OR ILLNESS <u>I' My chest started hurting</u> <u>real bad in middle & lasted</u> <u>about 5 minutes. Have</u> <u>only drank about 1 cup of</u> <u>water</u> <u>JOHNY C COI Riley</u>			<div style="display: flex; justify-content: space-between;"> <div>ABRASION///</div> <div>CONTUSION #</div> <div>BURN <u>xx</u> <u>xx</u></div> <div>FRACTURE <u>Z</u></div> <div>LACERATION/ SUTURES</div> </div>			
			<div style="display: flex; justify-content: space-around;">   </div>			
PHYSICAL EXAMINATION <u>0. Brought to HCU by X3</u> <u>officers physically fainting</u> <u>on the yard. Resp rate</u> <u>Lungs clear to auscultation</u> <u>Skin hot & dry to touch.</u> <u>Shaking all over noted upon</u> <u>entrance to HCU & within</u> <u>5 minutes the shaking had</u> <u>stopped. Very relaxed & stable</u> ORDERS, MEDICATION, etc. <u>feels better just eyes hurting - PERLA - throat &</u> <u>ears slight pink. up to PR & cough noted -</u> <u>non-productive. refused to have IV started - jumping &</u> <u>jerkig around stating he's allergic to needles - instructed to find</u> <u>10⁵⁵ p beep to Dr. Taylor & 11¹⁰ - returned to room</u> <u>1) Zylenal 250mg ¹¹¹ given po & then Zylenal 250mg if po TIO X5 days prn</u> <u>2) ven 1L D5W then if okay release - if not onto med - replace</u> <u>3) CBC & CKL Monday</u>						
INSTRUCTIONS TO PATIENT <u>force fluids - drink, drink, drink, Zylenal prn p.c.</u>						
RELEASE/TRANSFER DATE <u>219</u> <u>101</u> <u>11</u>		TIME <u>PM</u>	RELEASE/TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE <u>NW</u>		DATE <u>7/9/01</u>	PHYSICIAN'S SIGNATURE <u>[Signature]</u>		DATE <u>2/11/01</u>	CONSULTATION <u>N/A</u>
PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Bond, Courtney</u>			AGE <u>19</u>	DATE OF BIRTH <u>[Redacted]</u>	R/S <u>Sm</u>	AMS # <u>208921</u>

CORRECTIONAL MEDICAL SERVICES
RELEASE OF RESPONSIBILITY

Boyd, Courtney
Name of Inmate

2/9/01
Date

208921/ [REDACTED]
Inmate ID Number / Date of Birth

I hereby refuse to accept the following treatment/recommendations:

of having and IV started to help
with dehydration with ↑ Temp

I acknowledge that I have been fully informed of and understand the above treatments or recommendations and the risk(s) involved in refusing. I hereby release and agree to hold harmless CORRECTIONAL MEDICAL SERVICES, its employees and agents from all responsibility and ill effect which may result from this action.

Courtney Boyd
Inmate Signature

2-9-01-208921
Date/Time

[Signature]
Witness

The aforementioned inmate has refused the listed medical treatment/recommendations and has refused to sign this form.

Witness

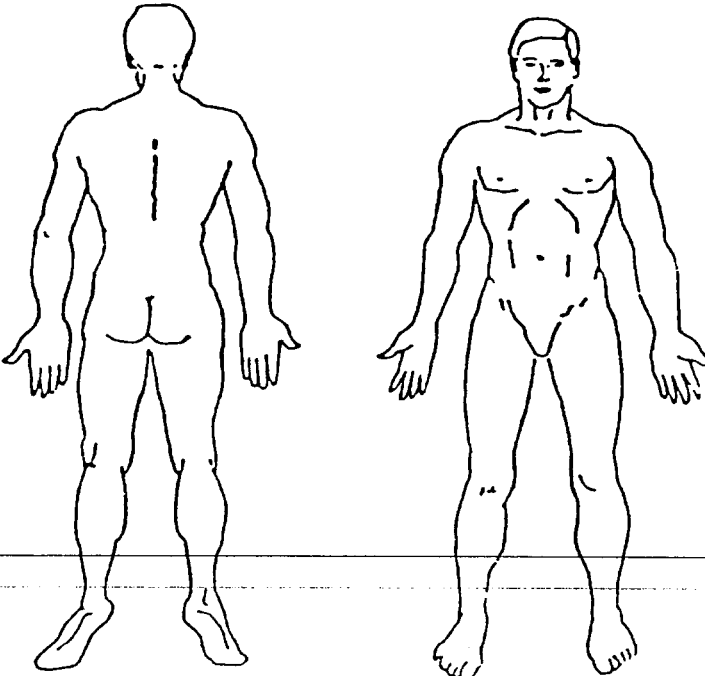
Witness

Date/Time

[Signature]
2/11/01

DEPARTMENT OF CORRECTIONS

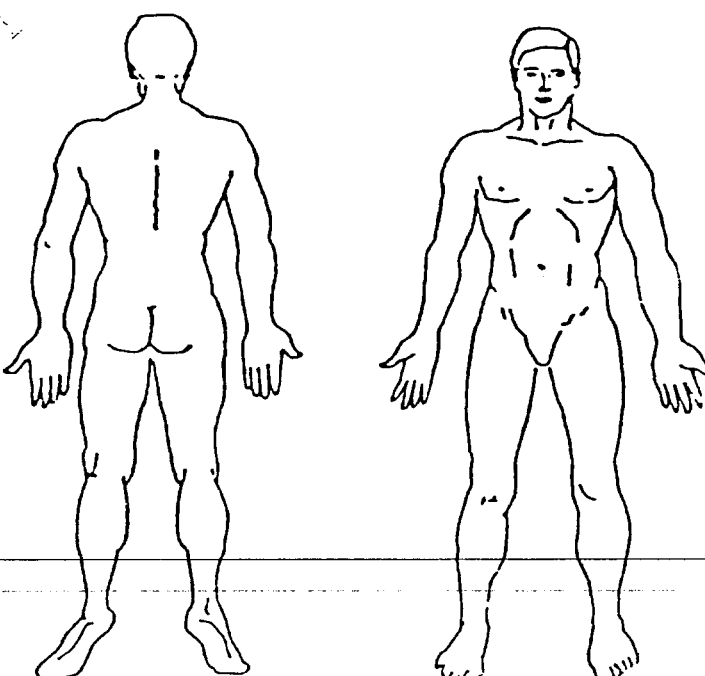
EMERGENCY/ (OTHER) TREATMENT RECORD

DATE 1-05-01		TIME 230		FACILITY DCC		<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER	
ALLERGIES NKA				CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 96' ORAL RECTAL				RESP. 20		PULSE 96 B/P 110/62	
NATURE OF INJURY OR ILLNESS S-I have heart trouble! my heart picks up real fast every day.				RECHECK IF SYSTOLIC < 100 > 50 ABRASION <input checked="" type="checkbox"/> CONTUSION # BURN <input checked="" type="checkbox"/> FRACTURE <input checked="" type="checkbox"/> LACERATION/ SUTURES			
PHYSICAL EXAMINATION O- Ambulated to HCU c/o heart trouble - SOB noted HR wnl & c/o pain EKG showed to be normal from last 2 tests & diaphoresis skin color wnl & c/o dignified & n/v - states he has hx of heart problems & acute distress noted							
ORDERS, MEDICATION, etc. A - Alteration in comfort P - MD to review							
DIAGNOSIS							
INSTRUCTIONS TO PATIENT Return to camp doc officer							
RELEASE/TRANSFER DATE 1 105 101 250		TIME AM PM		RELEASE/TRANSFERRED TO DOC		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE		DATE		PHYSICIAN'S SIGNATURE		DATE 1/7/01	
PATIENT'S NAME (LAST, FIRST, MIDDLE) Boyd Courtney				AGE 19		DATE OF BIRTH [REDACTED]	
				R/S B/m		AIS # 208921	

DEPARTMENT OF CORRECTIONS

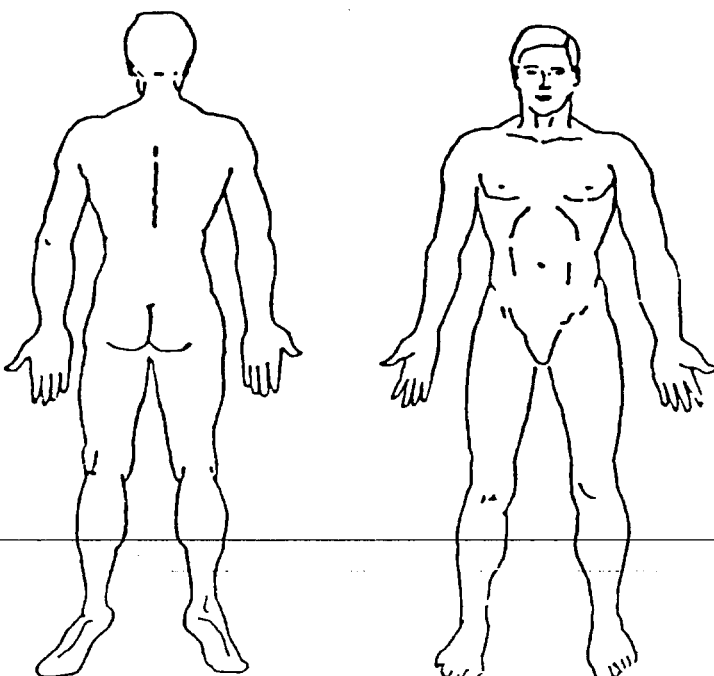
EMERGENCY/ (OTHER) TREATMENT RECORD

(OTHER)

DATE 1/1/01	TIME 2:10 PM	FACILITY DOC	<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER											
ALLERGIES NKHA	CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA													
VITAL SIGNS: TEMP 96° ORAL RECTAL	RESP. 13	PULSE 60	B/P 110/70	RECHECK IF SYSTOLIC <100 > 50										
NATURE OF INJURY OR ILLNESS 5) I am having chest pains and the lt side of my chest is real sore.	<table border="1"> <tr> <td>ABRASION/</td> <td>CONTUSION #</td> <td>BURN xx</td> <td>FRACTURE Z</td> <td>LACERATION/</td> </tr> <tr> <td></td> <td></td> <td>xx</td> <td>Z</td> <td>SUTURES</td> </tr> </table>				ABRASION/	CONTUSION #	BURN xx	FRACTURE Z	LACERATION/			xx	Z	SUTURES
ABRASION/	CONTUSION #	BURN xx	FRACTURE Z	LACERATION/										
		xx	Z	SUTURES										
PHYSICAL EXAMINATION 6) Brought to HU by Officer Harris, Ambler 3 different. Alert & Orient X3. Resp normal. Skin w/p to touch. C/o pain to lt side of chest. Very tender to touch. No SOB noted. Denies pain elsewhere. A lot of laughing noted. Jungs clear. No distress Heart RR.														
ORDERS, MEDICATION, etc.														
D) MP recommendation Inmate education sheet given														
DIAGNOSIS														
INSTRUCTIONS TO PATIENT														
RELEASE/TRANSFER DATE 1/1/01	TIME 2:35 PM	RELEASE/TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE	CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL											
NURSE'S SIGNATURE [Signature]	DATE 1/1/01	PHYSICIAN'S SIGNATURE [Signature]	DATE 1/7/01	CONSULTATION										
PATIENT'S NAME (LAST, FIRST, MIDDLE) Boyer, Courtney		AGE 19	DATE OF BIRTH [Redacted]	R/S B/m										
				AIS # 202921										

DEPARTMENT OF CORRECTIONS

EMERGENCY/ (OTHER) TREATMENT RECORD

DATE <u>12/7/00</u>		TIME <u>10¹⁰</u> <u>AM</u>	FACILITY <u>Skaper</u>		<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER	
ALLERGIES <u>NKA</u>			CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP <u>97.6</u>		ORAL RECTAL	RESP. <u>20</u>	PULSE <u>65</u>	B/P <u>120/80</u>	RECHECK IF SYSTOLIC <u>100</u> > 50
NATURE OF INJURY OR ILLNESS <u>3-"My chest has been hurting since I got this morning"</u> <u>O-Ambulatory to HCL skin warm et. dry resp. a ease heart RPR 100 bpm 98% SpO2 flow 2.50 l/min</u> <u>NV vital signs wnl</u>			ABRASION///		CONTUSION #	BURN <u>XX</u> <u>XX</u>
			FRACTURE <u>Z</u>		LACERATION/ SUTURES	
PHYSICAL EXAMINATION <u>(hear excessive) wnl</u> <u>noted (R) ear normal</u> <u>denies radiating arm pain</u> <u>back & muscle spasms</u> <u>A-Alteration in comfort</u> <u>P-Return from</u>						
ORDERS, MEDICATION, etc. <u>Chest X-ray</u> <u>12/8/00</u> <u>1155</u>						
DIAGNOSIS						
INSTRUCTIONS TO PATIENT						
RELEASE/TRANSFER DATE <u>12/7/00</u>		TIME <u>10¹⁰</u> <u>AM</u>	RELEASE/TRANSFERRED TO <u>DOC</u>		CONDITION ON DISCHARGE	
			<input type="checkbox"/> AMBULANCE <input type="checkbox"/>		<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE <u>[Signature]</u>		DATE <u>12/7/00</u>	PHYSICIAN'S SIGNATURE <u>[Signature]</u>		DATE <u>12/8/00</u>	
PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Bond, Gretchen</u>			AGE <u>18</u>	DATE OF BIRTH <u>[Redacted]</u>	R/S <u>B/m</u>	AIS # <u>208921</u>

Dr. Meuthen

U D L

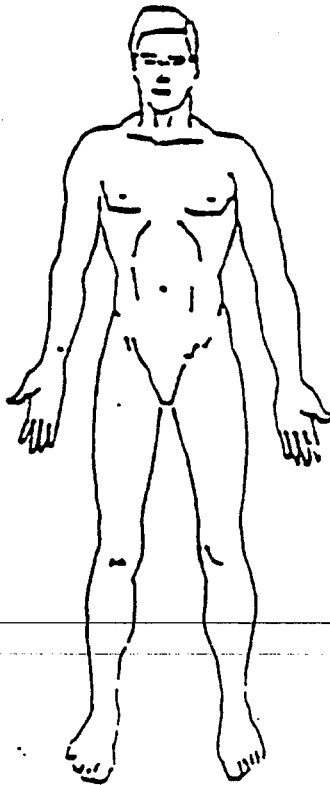
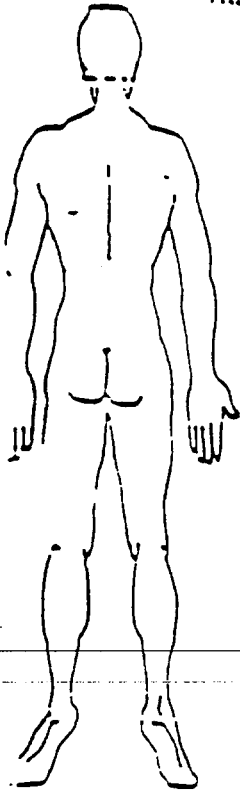
SECRET

Peak flow x3

David Owen

Date of Surgery

AREA OF TREATMENT (CIRCLE)



PROGRESS NOTES:

~~9/4, 9/5, 9/6~~

9/4 No show - Sullivan
9-16-00 JJ per cme ?

RECORD OF TREATMENT

[illegible]

TOTAL

Sept XXX | | | X

Last Name

Figure 1

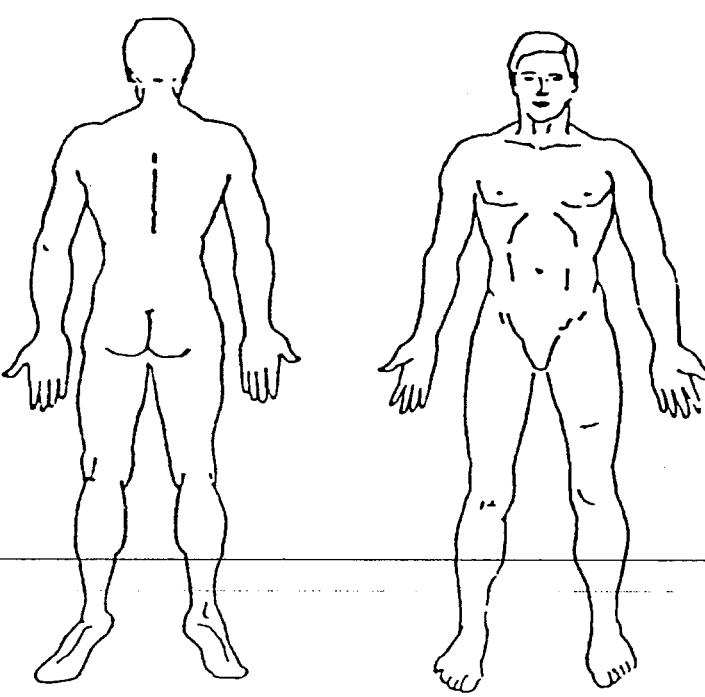
Boyd, Carolyn

RES

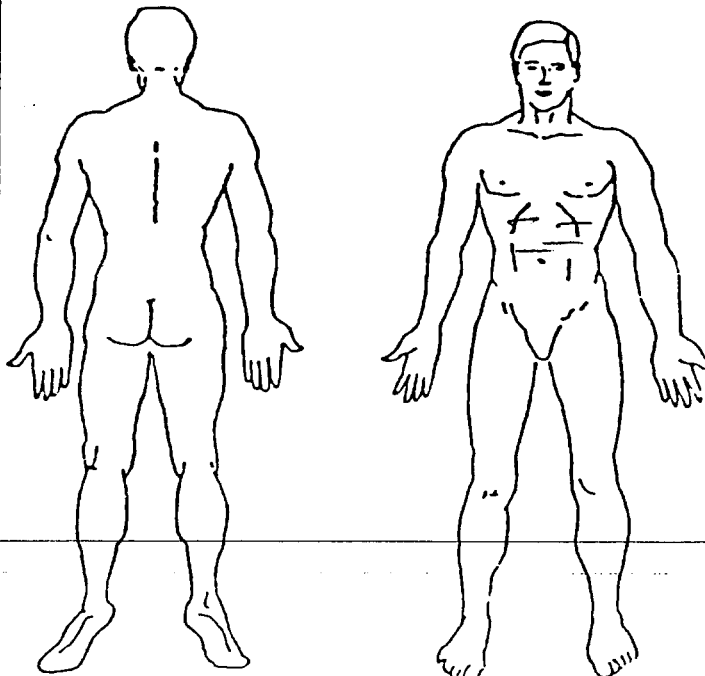
!C kg.

B/M 208921

DEPARTMENT OF CORRECTIONS
EMERGENCY/ SN 02 TREATMENT RECORD
 (OTHER)

DATE <u>09/05/00</u> TIME <u>1:05</u> <small>AM PM</small>		FACILITY <u>DOC</u> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER	
ALLERGIES <u>Needle</u>		CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP <u>96.4</u> <small>ORAL</small> RECTAL <u>20</u> PULSE <u>88</u> B/P <u>101/80</u>		RECHECK IF SYSTOLIC <u><100> 50</u>			
NATURE OF INJURY OR ILLNESS <u>S C/O bearing Ht on Left thigh</u> <u>C Slung blade.</u>		ABRASION/III	CONTUSION #	BURN <small>xx</small> <small>xx</small>	FRACTURE <small>Z</small> <small>Z</small>
		LACERATION/ SUTURES			
PHYSICAL EXAMINATION <u>0 A sm. reddish area Left thigh</u> <u>NO Swelling noted. ROM</u> <u>NOT impaired. pedal/pulse +</u> <u>NO bluish discoloration</u> <u>of skin.</u>					
N. Alteration in comfort					
ORDERS, MEDICATION, etc. <u>p. none</u>					
DIAGNOSIS					
INSTRUCTIONS TO PATIENT <u>PT C PRN</u>					
RELEASE/TRANSFER DATE <u>09 105 100 12</u> <small>AM PM</small>		RELEASE/TRANSFERRED TO <u>DOC</u> <input type="checkbox"/> AMBULANCE		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE <u>M. L. ...</u>		DATE <u>9/5/00</u>		PHYSICIAN'S SIGNATURE <u>[Signature]</u>	
PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Boyd, Catherine</u>		AGE		DATE OF BIRTH <u>[Redacted]</u>	
		R/S <u>8/12</u>		AIS # <u>208921</u>	

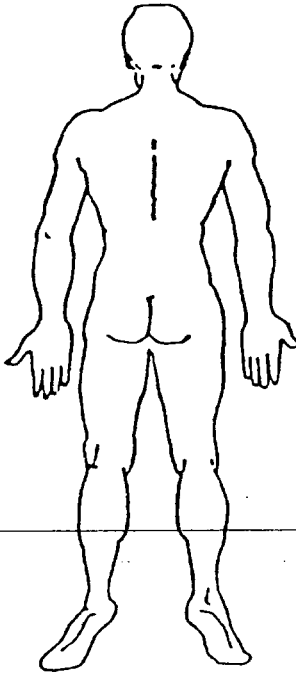
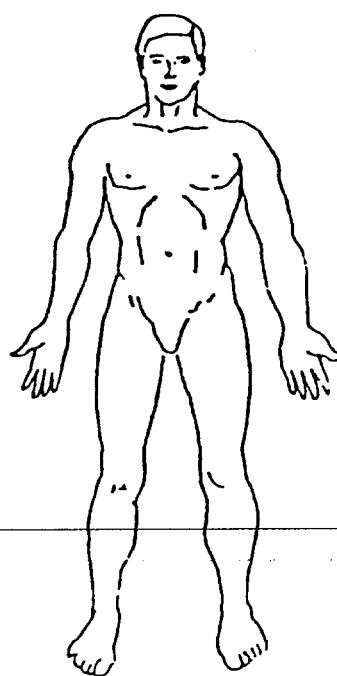
DEPARTMENT OF CORRECTIONS
EMERGENCY/ SICK TREATMENT RECORD
(OTHER)

DATE <u>08/31/00</u>		TIME <u>9:32</u> <small>AM PM</small>	FACILITY <u>DOC</u> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER		
ALLERGIES <u>Needles</u>			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA				
VITAL SIGNS: TEMP <u>98.3</u> <small>ORAL</small> RECTAL <u>20</u>			PULSE <u>68</u>		B/P <u>120/70</u> RECHECK IF SYSTOLIC <u><100> 50</u>		
NATURE OF INJURY OR ILLNESS <u>S/O breathing problem & knots</u> <u>kicking up in my stomach</u> <u>states "Oh Napper's when I</u> <u>run around states" I have</u> <u>head trouble</u>			ABRASION///	CONTUSION #	BURN ^{xx} _{xx}	FRACTURE ^Z _Z	LACERATION/ SUTURES
							
PHYSICAL EXAMINATION <u>0. No knots seen in sides</u> <u>NO muscle spasms @</u> <u>present. Nail beds pink</u> <u>radial pulse (+). NO resp.</u> <u>distress. Resp & ease</u> <u>A Alteration in comfort</u>							
ORDERS, MEDICATION, etc. <u>P. MD to review for med/ Appoint</u>							
DIAGNOSIS							
INSTRUCTIONS TO PATIENT							
RELEASE/TRANSFER DATE <u>08/31/00</u>		TIME <u>9:40</u> <small>AM PM</small>	RELEASE/TRANSFERRED TO <u>DOC</u> <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL		
NURSE'S SIGNATURE <u>[Signature]</u>		DATE <u>8/31/00</u>	PHYSICIAN'S SIGNATURE <u>[Signature]</u>		DATE <u>9/1/00</u>		
PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>David. Portner</u>			AGE <u>18</u>	DATE OF BIRTH <u>[Redacted]</u>	R/S <u>B/m</u>	AMS # <u>208421</u>	

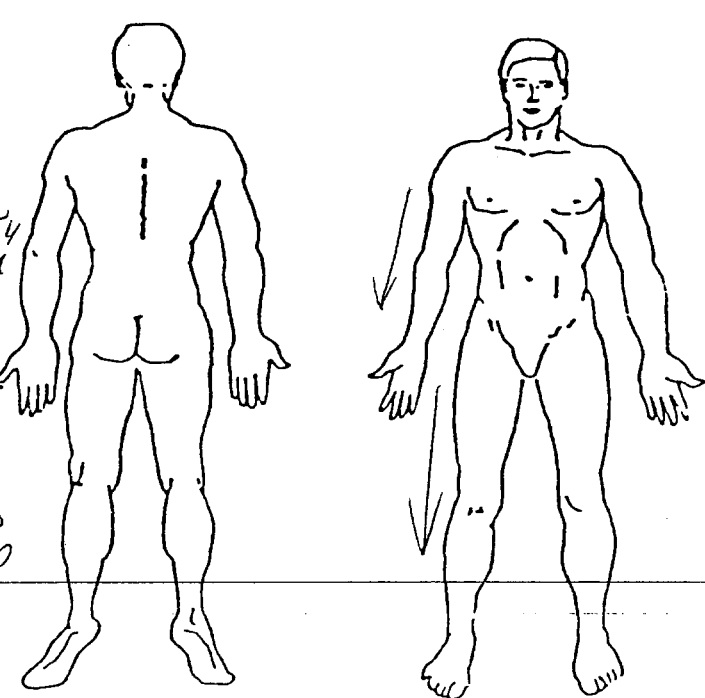
DEPARTMENT OF CORRECTIONS

EMERGENCY/ SHL SHLU TREATMENT RECORD

(OTHER)

DATE <u>6-28-00</u>		TIME <u>1:55</u> AM PM		FACILITY _____ <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/> _____		<input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER	
ALLERGIES <u>NKA</u>				CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP <u>98-3</u>		ORAL RECTAL		RESP. <u>20</u>		PULSE <u>84</u> B/P <u>102/100</u>	
NATURE OF INJURY OR ILLNESS <u>S. My hand is locked - I can't go back on that farm left handed -</u>				ABRASION/III		CONTUSION #	
				BURN ^{XX} / _{XX}		FRACTURE ^Z / _Z	
PHYSICAL EXAMINATION <u>D. 1/2 L/hand locked - Holding thumb in hand & fingers curved.</u>							
A. <u>Alteration in comfort.</u>							
ORDERS, MEDICATION, etc.							
B. <u>Placed hand on table - flattened - fingers easily moved - manipulates all fingers + thumbs - Able to make fist - No fx needed.</u>							
DIAGNOSIS							
INSTRUCTIONS TO PATIENT							
RELEASE/TRANSFER DATE <u>6-28-00</u>		TIME AM PM		RELEASE/TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/> _____		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE <u>R. Mays RN</u>		DATE <u>6/28/00</u>		PHYSICIAN'S SIGNATURE <u>[Signature]</u>		DATE <u>7/5/00</u>	
PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Ronald Courtney</u>		AGE <u>18</u>		DATE OF BIRTH <u>[Redacted]</u>		R/S <u>B</u>	
						AIS # <u>208921</u>	

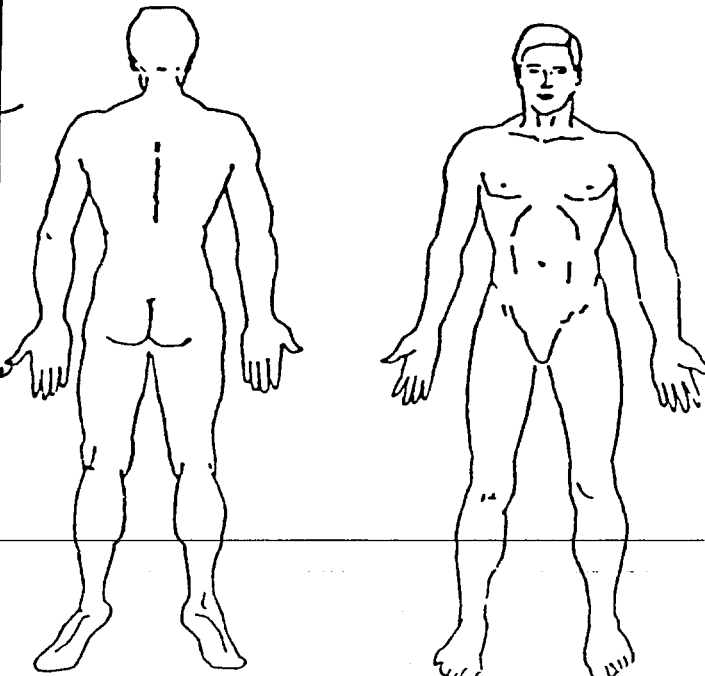
DEPARTMENT OF CORRECTIONS
EMERGENCY/ SICK TREATMENT RECORD
 (OTHER)

DATE <u>6-22-00</u> TIME <u>2:10</u> <u>AM</u> <u>PM</u>		FACILITY <u>DRAPER</u>		<input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER	
ALLERGIES <u>NKDA</u>		CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP <u>96.8</u> ORAL RECTAL RESP. _____ PULSE <u>82</u> B/P <u>90/70</u>		RECHECK IF SYSTOLIC <u>90/70</u> <input type="checkbox"/> <100> 50			
NATURE OF INJURY OR ILLNESS <u>BOUGHT OVER BY FARM DOCTOR OFFICER</u> <u>I've got heart trouble - my heart rate picked up too fast and I can't breathe - I see spots in front of my eyes - my arms & legs go numb and my throat hurts - "My records are in the Div. of State of Ala. Montg."</u>		ABRASION///		CONTUSION #	BURN <u>XX</u> <u>XX</u>
		FRACTURE <u>Z</u>		LACERATION/ SUTURES	
PHYSICAL EXAMINATION <u>(R) arm & (R) leg espec today</u> <u>my whole body</u> <u>ambulated to Health Care Unit - no unusual distress noted - strength bilateral good.</u> <u>alteration in comfort</u>					
ORDERS, MEDICATION, etc.					
<u>MD to review - return to clinic if problem persists:</u>					
DIAGNOSIS					
INSTRUCTIONS TO PATIENT					
<u>advised to sign up for sick call</u>					
RELEASE/TRANSFER DATE		TIME	RELEASE/TRANSFERRED TO		CONDITION ON DISCHARGE
<u>6/22/00</u>		<u>2:20</u> <u>AM</u> <u>PM</u>	<u>DOC</u> <input type="checkbox"/> AMBULANCE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL		<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL
NURSE'S SIGNATURE		DATE	PHYSICIAN'S SIGNATURE		DATE
<u>cmchild's lpa</u>		<u>6-22-00</u>	<u>[Signature]</u>		<u>6/22/00</u>
PATIENT'S NAME (LAST, FIRST, MIDDLE)			AGE	DATE OF BIRTH	R/S AIS #
<u>Boyd - Courtney</u>				<u>[Redacted]</u>	<u>208921</u>

DEPARTMENT OF CORRECTIONS

EMERGENCY/ SLT TREATMENT RECORD

(OTHER)

DATE <u>06/21/00</u>		TIME <u>9:25</u> <u>AM</u>	FACILITY <u>DOC</u>		<input type="checkbox"/> EMERGENCY	
			<input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> OTHER	
ALLERGIES <u>NKA</u>			CONDITION ON ADMISSION			
			<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP <u>98.9</u> <u>ORAL</u> RECTAL			RESP. <u>20</u>	PULSE <u>80</u>	B/P <u>110</u> <u>180</u>	RECHECK IF SYSTOLIC <100> 50
NATURE OF INJURY OR ILLNESS			ABRASION/// CONTUSION # BURN ^{xx} / _{xx} FRACTURE ^Z / _Z LACERATION/ SUTURES			
<p>S States: "When I get angry my heart rate escalated & I pass out & can't remember. States "I want to know why I'm here"</p>						
PHYSICAL EXAMINATION						
<p>O Uncooperative for pupil reaction. States light hurts eyes? Apical rate 100. Lungs clear. No bruised or abrasions noted.</p>						
<p>A Alteration in comfort</p>						

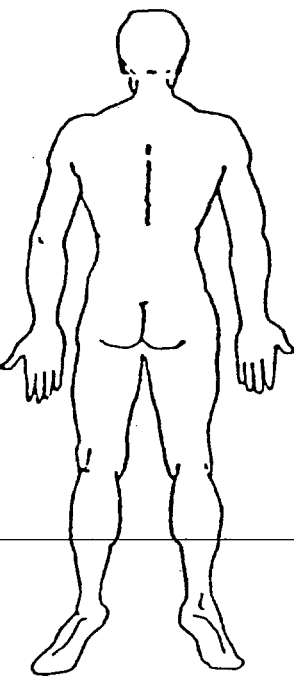
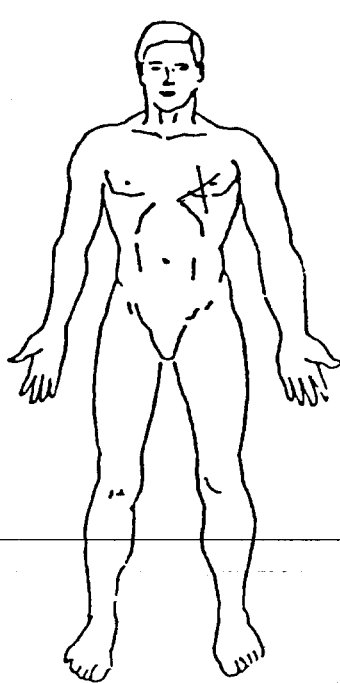
ORDERS, MEDICATION, etc.

1. EKG done

DIAGNOSIS

INSTRUCTIONS TO PATIENT

RELEASE/TRANSFER DATE		TIME	RELEASE/TRANSFERRED TO		CONDITION ON DISCHARGE	
<u>06/21/00</u>		<u>09:46</u> <u>AM</u>	<input checked="" type="checkbox"/> DOC		<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR	
			<input type="checkbox"/> AMBULANCE		<input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE		DATE	PHYSICIAN'S SIGNATURE		DATE	
<u>M. Adams</u>		<u>6/21/00</u>	<u>[Signature]</u>		<u>6/21</u>	
PATIENT'S NAME (LAST, FIRST, MIDDLE)			AGE	DATE OF BIRTH	R/S	AMS #
<u>Bond, Carless</u>			<u>18</u>	<u>[Redacted]</u>	<u>B/m</u>	<u>208921</u>

DATE 05/08/00		TIME 8:00 AM		FACILITY PCC		<input type="checkbox"/> EMERGENCY							
				<input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE		<input type="checkbox"/> OTHER							
ALLERGIES NKA				CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA									
VITAL SIGNS: TEMP 96.8 ORAL RECTAL RESP. 24 PULSE 80 B/P 112/78				RECHECK IF SYSTOLIC <100 >50									
NATURE OF INJURY OR ILLNESS C/O pain Left Side of Chest (Sharp) for last couple of days. "Do not hurt when I breathe". Comes & goes States has had this problem in Co. Jail & @ Kilby.				ABRASION///		CONTUSION #		BURN xx xx		FRACTURE Z Z		LACERATION/ SUTURES	
PHYSICAL EXAMINATION Apical rate 80 Regular Lungs Clear. Left's wrist Resp ease. A Alteration in Comfort													
ORDERS, MEDICATION, etc. P. EKG													
DIAGNOSIS													
INSTRUCTIONS TO PATIENT													
RELEASE/TRANSFER DATE 5 108 100 8:00 AM		TIME PM		RELEASE/TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>				CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL					
NURSE'S SIGNATURE M. Dan		DATE 5/8/00		PHYSICIAN'S SIGNATURE J. H. H. M. D.		DATE 5/8/00		CONSULTATION					
PATIENT'S NAME (LAST, FIRST, MIDDLE) S. D. C. W.				AGE 18		DATE OF BIRTH [REDACTED]		R/S B/M		AIS # 208921			

DCC

MONTGOMERY COUNTY DETENTION FACILITY MEDICAL SUMMARY

Inmate's Name: Bryd CourtneyInmate's # 208921
74828DOB: [REDACTED]Sex ☒ Male ☐ FemaleRace BLAChronic Problems: Reports he has a heart condition
Last EKG 3/9/00 WNLAcute Medical Problems: S/P Head Trauma 3/15/00 - Laceration
to (L) side of head - Refused treatment @
Hospital.

Allergies: _____

Medications	Dosage	Frequency
<u>N/A</u>		

Labs: _____

Mental Health: _____

Suicide Attempts: Threaten Suicide 8/3/99 Eval by M.H.

Follow up appts:

Where: N/A

Date: _____

Time: _____

Where: N/A

Date: _____

Time: _____

V. Bordin RN 3/12/00
Nurse Date

INMATE FOOD SERVICE WORKER CLEARANCE

MEDICAL RECORD REVIEW:

Past history of hepatitis:

☐ Yes ☒ No

TB test current:

☒ Yes ☐ No

TB test negative:

☐ Yes ☐ No

If history of positive TB test, verified completed treatment:

(Date)

PHYSICAL ASSESSMENT:

Open sores or rashes on hands, arms, face and neck:

☐ Yes ☒ No

Has diarrhea:

☐ Yes ☒ No

Has a cough:

☐ Yes ☒ No

Lungs clear to auscultation:

☒ Yes ☐ No

Signs and symptoms of other contagious diseases:

☐ Yes ☒ No

Specify: _____

This inmate's Medical Record has been reviewed and he/she has been examined:

☒ He/she IS medically cleared for duty as a food service worker.☐ He/she IS NOT medically cleared for duty as a food service worker.

Signature

J. J. [Signature]

Date

8/31/06

NAME:

Boyd, Courtney

ID#/DOB:

208921


LOCATION:

DCC

**CORRECTIONAL MEDICAL SERVICES
CONSENT TO TREATMENT FORM**

Boyd Courtney
Name of Inmate

3/20/00
Date

208921 
Inmate ID Number / Date of Birth

I hereby give my consent to Correctional Medical Services, its employees and agents to perform any diagnostic laboratory procedures, examinations, x-rays, oral or injected medications or other procedures recommended by the physician.

I am aware the practice of medicine is not an exact science and I acknowledge no guarantees have been made regarding the result of treatments or examinations performed by Correctional Medical Services.

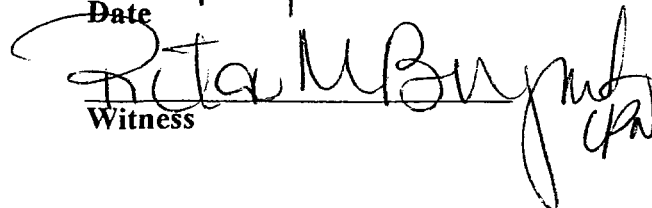
I also authorize the transfer of my medical records or copies of said records to any facility to which I am referred for treatment or to any other correctional facility to which I am transferred.

I understand I may withdraw this consent to any specific treatment by refusing the treatment or test.

I sign this willingly in full understanding of the above and release Correctional Medical Services, its employees and agents from any and all liability which may arise from this action.


Inmate Signature

Witness

3/20/00
Date

Witness

CMS

CORRECTIONAL MEDICAL SERVICES

WHAT YOU NEED TO KNOW ABOUT TETANUS

Tetanus, sometimes called lockjaw, is a very serious disease that can occur after a cut or wound lets the germ into the body. Tetanus makes a person unable to open his or her mouth or swallow, and causes serious muscle spasms. People with tetanus usually have to stay in the hospital for along time. In the United States, tetanus kills 3 out of every 10 people who get the disease. Since 1975, only 50 to 90 cases of tetanus have been reported each year.

Tetanus vaccines cause few problems. They may cause mild fever or soreness, swelling, and redness where the shot was given. These problems usually last for 1 to 2 days.

There is a rare chance that other serious problems or even death could occur after getting Tetanus. Such problems could happen after taking any medicine or after receiving any vaccine.

I have read the above information regarding Tetanus injections and understand about possible side effects.

[Signature]
Inmate Signature/AIS#

Date 3/20/06

Witness COWNAUGHT

Manufacturer 727 FAC

Lot# Bolan Buzynka
Administered By

RECEIVING SCREENING FORM

INMATE'S NAME: Boyd, Courtney DATE: 3, 17, 00 TIME: 8:37 AM
 DOB: [REDACTED] OFFICER: A. Gibson INSTITUTION: KILBY

RECEIVING OFFICER'S VISUAL OPINION

	YES	NO
Is the inmate conscious?	<u>✓</u>	<u> </u>
Does the inmate have any obvious pain or bleeding or other symptoms suggesting the need for doctor's care?	<u> </u>	<u>✓</u>
Are there any visible signs of trauma or illness requiring immediate emergency or doctor's care?	<u> </u>	<u>✓</u>
Any obvious fever, jaundice, or other evidence of infection which might spread through the institution?	<u> </u>	<u>✓</u>
Is the skin in poor condition or show signs of vermin or rashes?	<u> </u>	<u>✓</u>
Does the inmate appear to be under the influence of alcohol, or drugs?	<u> </u>	<u>✓</u>
Are there any signs of alcohol or drug withdrawal? (Extreme perspiration, shakes, nausea, pinpoint pupils, etc.)	<u> </u>	<u>✓</u>
Is the inmate making any verbal threats to staff or other inmates?	<u> </u>	<u>✓</u>
Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available?	<u> </u>	<u>✓</u>
Does the inmate have any obvious physical handicaps?	<u> </u>	<u>✓</u>

FOR THE OFFICER

Was the new inmate oriented on sick/dental call procedures?

This inmate was ✓ a. Released for normal processing
 b. Referred to health care unit
 c. Immediately sent to the health care unit.

Anthony J. Gibson
 Officer's Signature

This form will be completed at receiving and will be filed in the inmate's medical jacket to comply with NCCH Standards.

DEPARTMENT OF CORRECTIONS

TREATMENT RECORD

EMERGENCY/ (OTHER)

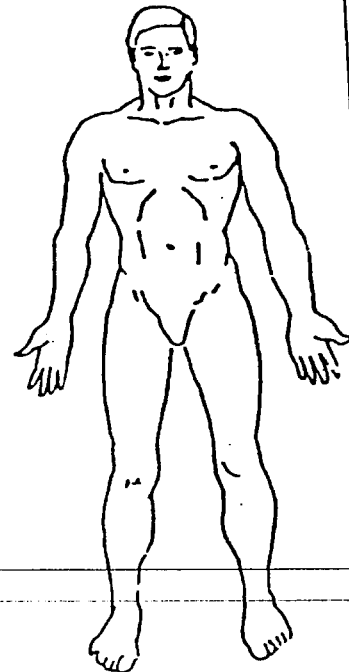
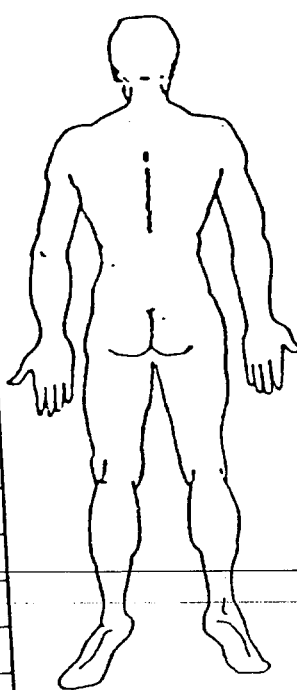
DATE 2/25/02	TIME 7:40	FACILITY Stutor	<input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>	<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER
ALLERGIES N/A		CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA		
VITAL SIGNS: TEMP 95.8		ORAL RECTAL	RESP. 22	PULSE 88 B/P 100/60
		RECHECK IF SYSTOLIC <100 > 50		
		ABRASION/III	CONTUSION #	BURN ^{xx} / _{xx}
				FRACTURE ² / ₂
		LACERATION/ SUTURES		

NATURE OF INJURY OR ILLNESS

**Dissected colon in part
my leg. I think my pressure is up.
I have an injury**

PHYSICAL EXAMINATION

**On related to 5th injury
around 1st injury, no discharges
role**



Malinger
ORDERS, MEDICATION, ETC.

No treatment needed at this time

DIAGNOSIS

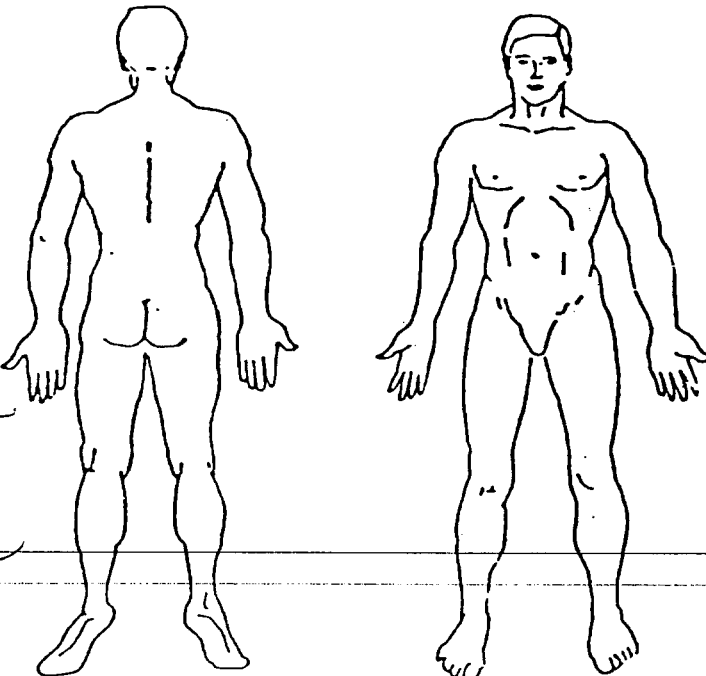
INSTRUCTIONS TO PATIENT

RELEASE/TRANSFER DATE 2/25/02	TIME 7:50	RELEASE/TRANSFERRED TO Stutor	<input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL
NURSE'S SIGNATURE M. J. [Signature]	DATE 2/25/02	PHYSICIAN'S SIGNATURE [Signature]	DATE 2/26/02	CONSULTATION
PATIENT'S NAME (LAST, FIRST, MIDDLE) [Name]			AGE 20	DATE OF BIRTH [Redacted]
			R/S B/M	AIS # 208921

DEPARTMENT OF CORRECTIONS

EMERGENCY/ Sheu TREATMENT RECORD

(OTHER)

DATE <u>2/22/02</u> TIME <u>8:10</u> <u>AM</u> <u>PM</u>		FACILITY <u>Station</u>		<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER	
ALLERGIES <u>NKA</u>		CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP <u>97.3</u> ORAL RECTAL		RESP. <u>18</u>		PULSE <u>76</u> B/P <u>118/78</u> RECHECK IF SYSTOLIC <u>2</u> <u><100 > 50</u>	
NATURE OF INJURY OR ILLNESS <u>S. No pain to @ knee area stills just started hurting.</u>		ABRASION///		CONTUSION #	
		BURN <u>xx</u> <u>xx</u>		FRACTURE <u>2</u> <u>2</u>	
				LACERATION/ SUTURES	
					
PHYSICAL EXAMINATION <u>O. Amb to Hcr hopping on @ leg. Slur up to touch @ open areas. noted @ edema. noted. Amb & diff early today pedal & popliteal pulse present. @ soft tissue swelling noted. @ abnormalities noted.</u>					

ORDERS, MEDICATION, etc.

A. Attention to Comfort.

P. Apply warm compresses per @ LTC per for @ comfort

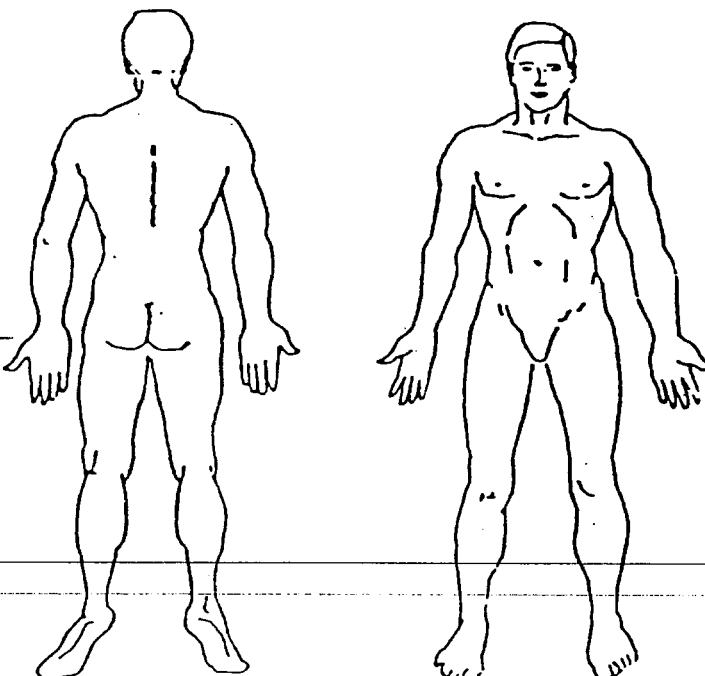
DIAGNOSIS

INSTRUCTIONS TO PATIENT

RELEASE/TRANSFER DATE <u>2/22/02</u> TIME <u>AM</u> <u>PM</u>		RELEASE/TRANSFERRED TO <u>Station</u>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE <u>[Signature]</u> DATE <u>2/25/02</u>		PHYSICIAN'S SIGNATURE <u>[Signature]</u> DATE <u>2/25/02</u>		CONSULTATION	
PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Brandon Cortez</u>		AGE <u>20</u>	DATE OF BIRTH <u>[Redacted]</u>	R/S <u>B/M</u>	AIS # <u>203921</u>

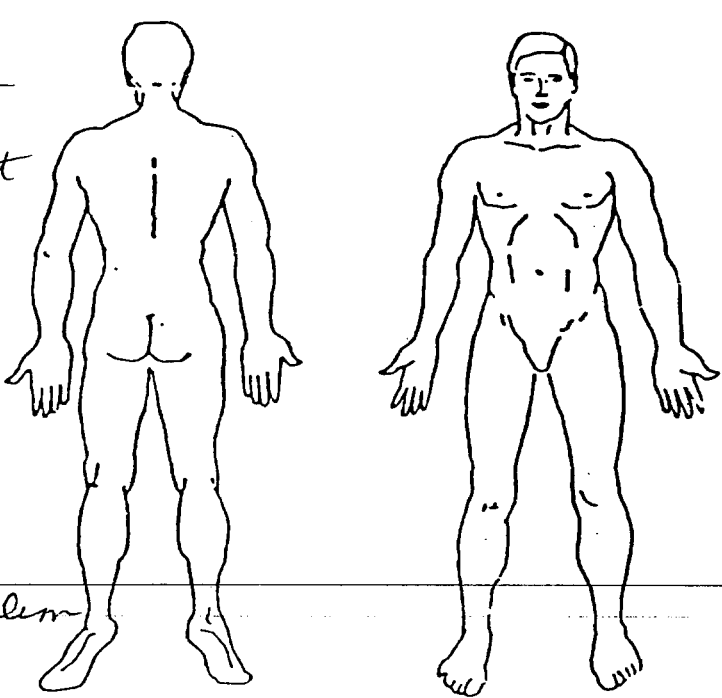
DEPARTMENT OF CORRECTIONS

EMERGENCY/ (OTHER) TREATMENT RECORD

DATE 1/28/02 800 PM	TIME 800 PM	FACILITY Station	<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER	
ALLERGIES NKA		CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA		
VITAL SIGNS: TEMP 99.2 ORAL RECTAL		RESP. 20	PULSE 86	B/P 90/60
NATURE OF INJURY OR ILLNESS ① I can't handle urine I have Peds since Sunday I can't drink a lot of water		RECHECK IF SYSTOLIC 147 90 60 <100> 50 ABRASION/// <input type="checkbox"/> CONTUSION # <input type="checkbox"/> BURN <input type="checkbox"/> <input type="checkbox"/> FRACTURE <input checked="" type="checkbox"/> LACERATION/ SUTURES <input checked="" type="checkbox"/>		
PHYSICAL EXAMINATION ① On hold to S/H on 5/02 when attempt to catheterize in male signed a Release Responsibility. Inmate applied to be in no distress no ABD distention noted - no specific problems stated				
A laceration in the groin ORDERS, MEDICATION, etc.				
① Sign up for sub call if problem recurs + he wants to seek treatment				
DIAGNOSIS				
INSTRUCTIONS TO PATIENT				
RELEASE/TRANSFER DATE 1/28/02	TIME 800 PM	RELEASE/TRANSFERRED TO SCC	CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE [Signature]	DATE 1/28/02	PHYSICIAN'S SIGNATURE [Signature]	DATE 1/29/02	CONSULTATION (0800)
PATIENT'S NAME (LAST, FIRST, MIDDLE) Boyd Courtney		AGE 20	DATE OF BIRTH [Redacted]	R/S B/M
		AIS # 208921		

DEPARTMENT OF CORRECTIONS

EMERGENCY/ SHCU TREATMENT RECORD
(OTHER)

DATE <u>1-26-02</u>	TIME <u>8:10</u> <u>AM</u> <u>PM</u>	FACILITY <u>SCC</u> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>	<input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER	
ALLERGIES <u>NKA</u>		CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA		
VITAL SIGNS: TEMP <u>97.8</u> ORAL RECTAL RESP. <u>20</u>		PULSE <u>84</u>	B/P <u>110/170</u>	RECHECK IF SYSTOLIC <100> 50
NATURE OF INJURY OR ILLNESS		ABRASION///	CONTUSION #	BURN ^{xx} xx
<p>5. My kidneys hurt - (Holds stomach as point of pain)</p> <p>↑ My head hurts - I bumped my head - I got a knot in my stomach. I fell out in the chapel.</p> <p>144 lbs</p> <p>7. Knot R/side forehead. No abd pain. Uncooperative for exam - won't allow abd. palpations. More concerned about med. jacket from Boot Camp than discussing problem now. States Sgt gave him 2 motrin - Tried to use bathroom + couldn't. Last used bathroom 4th ago - B.M.</p>		FRACTURE ^Z Z	LACERATION/ SUTURES	
				
ORDERS, MEDICATION, etc.				
<p>Brought over 4 inmates -</p> <p>7. Alteration in comfort</p> <p>1. Able to talk + argue now. AAOX3 -</p> <p>No tx needed -</p> <p>Sign sick call if pain persist -</p> <p>Liquid diet x 24^{hrs}</p> <p>Dr to review chart -</p>				
DIAGNOSIS				
INSTRUCTIONS TO PATIENT				
RELEASE/TRANSFER DATE <u>1/26/02</u>	TIME <u>8:25</u> <u>AM</u> <u>PM</u>	RELEASE/TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE <u>R. Mays RN</u>	DATE <u>1/26/02</u>	PHYSICIAN'S SIGNATURE <u>[Signature]</u>	DATE <u>1/26/02</u>	CONSULTATION <u>(120)</u>
PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Berzd Courtney</u>		AGE <u>20</u>	DATE OF BIRTH <u>[Redacted]</u>	R/S <u>B</u>
				AIS # <u>208921</u>



Release of Responsibility

Boyd Courtney
Name of Inmate

1/28/02 8:00 PM
Date & Time

208921 [REDACTED]
Inmate ID Number / Date of Birth

1/28/02
Date & Time

hereby refuse to accept the following treatment/recommendations:

I will not let you Run a tube up me to drain my Bladder.

acknowledge that I have been fully informed of and understand the above treatment(s) or recommendation(s) and the risk(s) involved in refusing. I hereby release and agree to hold harmless NaphCare, Inc., its employees and agents from all responsibility and ill effect which may result from this action.

Courtney Boyd 208921
Inmate Signature

1/28/02 8:00 PM
Date & Time

Marion Stappeler
Witness

he aforementioned inmate has refused the listed medical treatment(s) and/or recommendation(s) and has refused to sign this form.

Witness

Witness

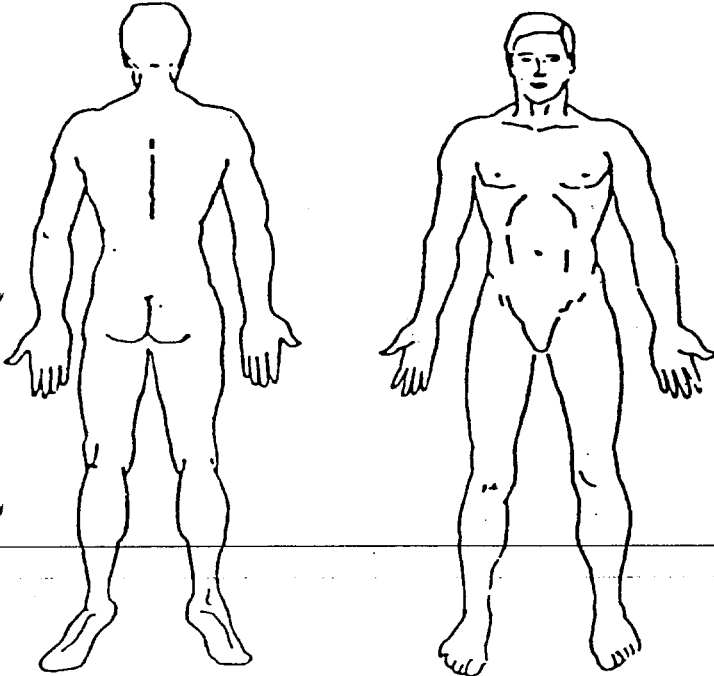
Date & Time

Release of Responsibility

DEPARTMENT OF CORRECTIONS

EMERGENCY/ SHCU TREATMENT RECORD

(OTHER)

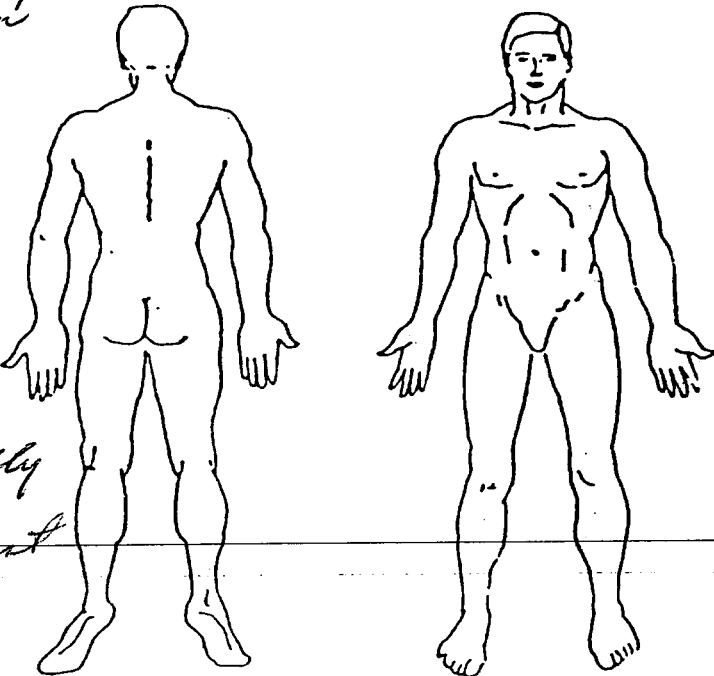
DATE <u>01/16/02</u>		TIME <u>0840</u> <u>AM</u>	FACILITY <u>Station</u>		<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER	
ALLERGIES <u>NKA</u>			CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP <u>97.9</u> <u>ORAL</u>		RESP. <u>20</u>	PULSE <u>88</u>	B/P <u>110/60</u>	RECHECK IF SYSTOLIC <u><100 > 50</u>	
NATURE OF INJURY OR ILLNESS <u>S' The pain is shooting through my heart. It feels clogged up. I feel nausea</u>			<div style="display: flex; justify-content: space-between;"> <div>ABRASION///</div> <div>CONTUSION #</div> <div>BURN ^{xx}_{xx}</div> <div>FRACTURE ^Z_Z</div> <div>LACERATION/ SUTURES</div> </div>			
PHYSICAL EXAMINATION <u>O' Ambulatory & HCU is assist, mucous</u> <u>membranes pink, no SOB, 1/5 WNL</u> <u>lungs clear per auscultation, cap.</u> <u>refill < 3 seconds, no pain on</u> <u>top of (L) arm that goes down arm,</u> <u>c/o chest feeling clogged up,</u> <u>very talkative, WAD @ this</u> <u>A - Alteration in Comfort</u>						
ORDERS, MEDICATION, etc. <u>P- No tx needed</u> <u>S.C. PRN</u> <u>PTC PRN</u>						
DIAGNOSIS						
INSTRUCTIONS TO PATIENT						
RELEASE/TRANSFER DATE <u>1/16/02</u>		TIME <u>8</u> <u>AM</u>	RELEASE/TRANSFERRED TO <u>Station</u>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE <u>E. Ellis, RN</u>		DATE <u>1/16/02</u>	PHYSICIAN'S SIGNATURE <u>Dr. Jay MMD</u>		DATE <u>1/17/02</u>	
PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Boyd, Courtney</u>			AGE <u>20</u>	DATE OF BIRTH <u>[REDACTED]</u>	R/S <u>B/M</u>	AMS # <u>208921</u>

DEPARTMENT OF CORRECTIONS

EMERGENCY/

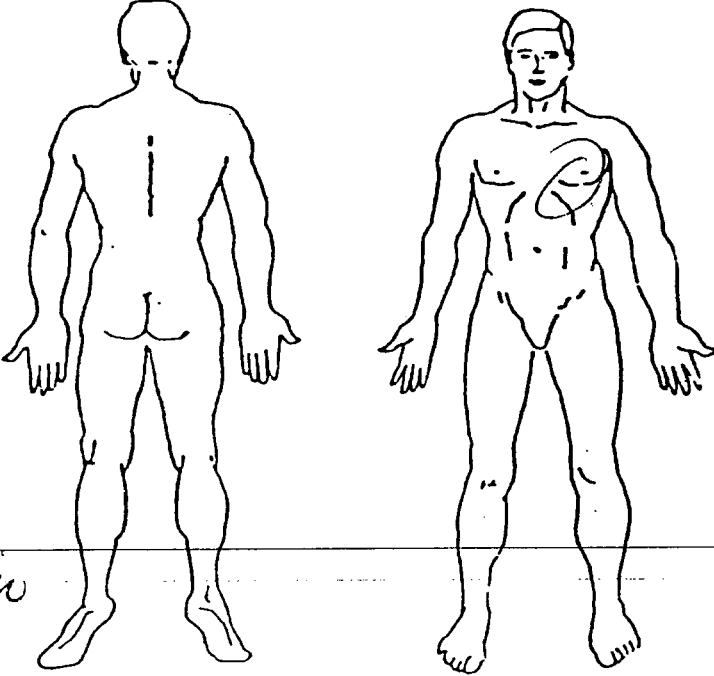
SHCU
(OTHER)

TREATMENT RECORD

DATE 12/30/01	TIME 2:55 PM	FACILITY STATION	<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER	
ALLERGIES NKA		CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA		
VITAL SIGNS: TEMP 97.6		ORAL RECTAL	RESP.	PULSE 78 B/P 98/68
NATURE OF INJURY OR ILLNESS ③ My heart has been fluttering off and on for about 30 min		ABRASION///	CONTUSION #	BURN ^{xx} / _{xx}
Escorted by officer Norman		FRACTURE ^Z / _Z	LACERATION/ SUTURES	
PHYSICAL EXAMINATION ① Ambulatory & difficultly - 1/5 WNL - Pulse 78 E RRR Or sat 98% - talking cheerfully 2 This writer and officer NO distress noted - chest pain, SOB, radiating pain				
④ Attention in comfort				
ORDERS, MEDICATION, etc.				
⑤ M.D. Review				
DIAGNOSIS				
INSTRUCTIONS TO PATIENT				
RELEASE/TRANSFER DATE 12/30/01	TIME 2:55 PM	RELEASE/TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE B. Beckler	DATE 12/30/01	PHYSICIAN'S SIGNATURE [Signature]	DATE 12/31/01	CONSULTATION (1030)
PATIENT'S NAME (LAST, FIRST, MIDDLE) Boyd, Courtney		AGE 20	DATE OF BIRTH [Redacted]	R/S B/M
		AIS # 208921		

DEPARTMENT OF CORRECTIONS

EMERGENCY/ (OTHER) TREATMENT RECORD

DATE 11/29/01		TIME 307		FACILITY SCE		<input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER	
ALLERGIES NKDA wt				CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 97.2		ORAL RECTAL		RESP. 18		PULSE 64 80	
				B/P 96 182		RECHECK IF SYSTOLIC <100 > 50	
NATURE OF INJURY OR ILLNESS 5" lacerating sharp pain real swollen by heart				ABRASION///			
				CONTUSION #			
				BURN xx xx			
				FRACTURE Z			
				LACERATION/ SUTURES			
20404 to Sgt Wardlin							
PHYSICAL EXAMINATION D- Ambulatory to HCU holding @ breast, puffing as if in discomfort WADP. State tenderness when @ breast palpated @ redness & discoloration noted. Apical rate 80 reg.							
A body chart							
ORDERS, MEDICATION, etc. P. RYC pm - MD to review							
DIAGNOSIS							
INSTRUCTIONS TO PATIENT RYC pm							
RELEASE/TRANSFER DATE 11/29/01		TIME 312		RELEASE/TRANSFERRED TO DOC		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE Wardlin		DATE 11/29/01		PHYSICIAN'S SIGNATURE Wardlin		DATE 11/30/01	
PATIENT'S NAME (LAST, FIRST, MIDDLE) Beyd, Courtney		AGE 19		DATE OF BIRTH [REDACTED]		R/S 6m	
						AIS # 208927	

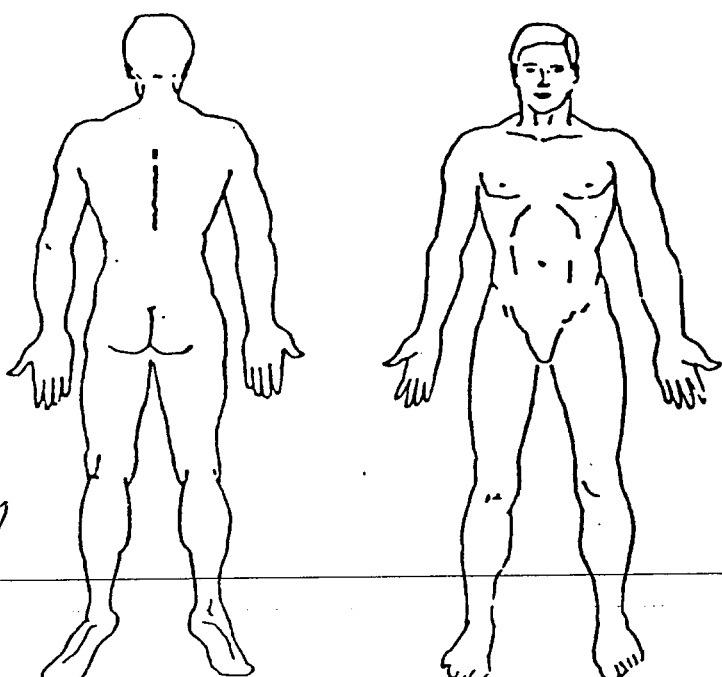
DEPARTMENT OF CORRECTIONS EMERGENCY/ (OTHER) TREATMENT RECORD

DATE <u>11/5/01</u> TIME <u>230</u>		FACILITY <u>SCC</u>		<input type="checkbox"/> EMERGENCY	
ALLERGIES <u>NKA</u>		<input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input checked="" type="checkbox"/> OTHER	
VITAL SIGNS: TEMP <u>98.8</u>		CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
ORAL <u>98</u> RECTAL <u>99</u> RESP <u>20</u>		PULSE <u>94</u> B/P <u>100/50</u>		RECHECK IF SYSTOLIC <u><100 > 50</u>	
NATURE OF INJURY OR ILLNESS		ABRASION/III		CONUSION #	
<p>My chest is hurting. I have a back problem. But you don't like me. I'm serious. I have a broken my head. I feel down. My back hurts.</p>		BURN <u>xx</u>		FRACTURE <u>2</u>	
		LACERATION/		SUTURES	
PHYSICAL EXAMINATION					
<p>Lamar has observed him on floor acting as if he had fallen out of bed. He refused to get up off floor saying he couldn't walk. Lamar hit 5 times Hyperventilating. Small pump and not around for head. The area was already there @ SCC before his arrival. In need of response to maintain care. But refused to get up + walk. Helped to ER by 2 officers. PEARL. 4/5 smile normal laugh. Naprosyn 250 mg PO BID X5 - 1/0 PR PR Taylor</p>					
ORDERS, MEDICATION, etc.					
DIAGNOSIS					
INSTRUCTIONS TO PATIENT					
RELEASE/TRANSFER DATE <u>11/15/01</u> TIME <u>101</u>		RELEASE/TRANSFERRED TO <u>SCC</u>		CONDITION ON DISCHARGE	
Nurse's SIGNATURE <u>m569</u>		DATE <u>11/5/01</u>		<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> CRITICAL	
PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>BOYD, CANTON</u>		PHYSICIAN'S SIGNATURE <u>[Signature]</u>		CONSULTATION <u>11/6/01 (13451)</u>	
AGE		DATE OF BIRTH			

DEPARTMENT OF CORRECTIONS

EMERGENCY/ SHCU TREATMENT RECORD

(OTHER)

DATE <u>11/6/01</u>	TIME <u>850</u> ^{AM} _{PM}	FACILITY <u>Station</u> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>	<input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER
ALLERGIES		CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA	
VITAL SIGNS: TEMP <u>97.5</u> ORAL RECTAL RESP. <u>20</u>		PULSE <u>100</u> B/P <u>110/78</u> RECHECK IF SYSTOLIC <u>02 SAT 100%</u> <u><100 > 50</u>	
NATURE OF INJURY OR ILLNESS <u>S - "My chest keeps on hurting me"</u> <u>O - No injury seen nor voiced</u>		ABRASION/// CONTUSION # BURN ^{xx} _{xx} FRACTURE ^Z _Z LACERATION/ SUTURES	
			
PHYSICAL EXAMINATION <u>A - Body chart per DOC Chart request</u> <u>P - Return to DOC c offices</u>			

ORDERS, MEDICATION, etc.

DIAGNOSIS

Body Chart

INSTRUCTIONS TO PATIENT

RTC as needed

RELEASE/TRANSFER DATE <u>11/16/01</u>	TIME <u>850</u> ^{AM} _{PM}	RELEASE/TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE <u>Bernell</u>	DATE	PHYSICIAN'S SIGNATURE <u>[Signature]</u>	DATE <u>11/6/01</u>	CONSULTATION <u>10930</u>
PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Boyd, Courtney</u>		AGE <u>19</u>	DATE OF BIRTH <u>[Redacted]</u>	R/S <u>B/m</u>
		AIS # <u>208921</u>		

RE: MEDICAL NON-COMPLIANCE

DATE: 10/11/01

INMATE Boyd, Courtney AIS# 208921 IS BEING
BROUGHT TO YOUR ATTENTION FOR THE FOLLOWING REASON (S):

- 1) ☐ Repeatedly signing up for sick call and fails to show.
- 2) ☐ Has not followed medical advice regarding health problems.
- 3) ☒ Non-Compliant in taking prescribed medication.
- 4) ☐ Excessive sick call requests.
- 5) ☐ Refused part/all of physical examination.
- 6) ☐ Did not show for scheduled appointment.

YOUR ASSISTANCE IN ADVISING THE INMATE OF THE IMPORTANCE OF
COMPLYING WITH THE MEDICAL ADVICE AND MEETING HIS
RESPONSIBILITIES FOR HIS HEALTH CARE IS VERY MUCH
APPRECIATED.

THANK YOU FOR YOUR COOPERATION.


DOC Notified
B. Smith

~~NaphCare~~

Release of Responsibility

Boyd, Courtney
Name of Inmate

10/02/01 - AM
Date & Time

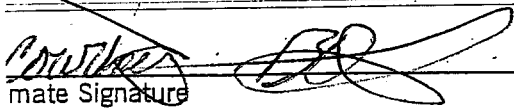
208921 
Inmate ID Number / Date of Birth

Date & Time

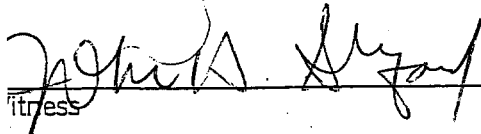
I hereby refuse to accept the following treatment/recommendations:

Thyroid Panel with TSH - # 7444

I acknowledge that I have been fully informed of and understand the above treatment(s) or recommendation(s) and the risk(s) involved in refusing. I hereby release and agree to hold harmless NaphCare, Inc., its employees and agents from all responsibility and ill effect which may result from this action.


Inmate Signature

10/02/01 - 9⁰⁰ AM
Date & Time


Witness

The aforementioned inmate has refused the listed medical treatment(s) and/or recommendation(s) and has refused to sign this form.

Witness

Witness

Date & Time